	CLAIMS ONLY		Application Number 10/613472		Filing Date	
			Applicant(s)			

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend			Indep	Depend	Indep	Depend	Indep	Depend
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
Total Indep	1						Total Indep							
Total Depend	14						Total Depend							
Total Claims	15						Total Claims							